

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Langevin for Congress

Full Name (Last, First, Middle Initial)

A. Paychex, Inc.

Mailing Address 501 Wampanoag Trl

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		18		2016

City	State	Zip Code
Riverside	RI	02915-1507

Amount of Each Disbursement this Period

12.87

Purpose of Disbursement
Workers Compensation InsuranceCategory/
Type☐ Memo Item

Transaction ID : VPEBZA1H9S8

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

B. Megan GeogheganMailing Address 14 Phillips St
2R

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		07		2016

City	State	Zip Code
North Kingstown	RI	02852-5160

Amount of Each Disbursement this Period

87.40

Purpose of Disbursement
PayrollCategory/
Type☐ Memo Item

Transaction ID : VPEBZA1H7W8

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

C. HealthSource RI

Mailing Address 70 Royal Little Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2016

City	State	Zip Code
Providence	RI	02904-1859

Amount of Each Disbursement this Period

1266.55

Purpose of Disbursement
HealthcareCategory/
Type☐ Memo Item

Transaction ID : VPEBZA1QAX8

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1366.82
